



**NAPLES SQUARE I CONDOMINIUM ASSOCIATION INC.
LEASE APPLICATION**

Association Name _____ Unit # _____

Term of Lease _____ to _____

Minimum Lease Term (30) Days - Maximum Lease Term (1) Year

Owner Name _____

Address _____

Owner's Cell Phone _____ Daytime Phone: _____ E-mail: _____

Signature of Owner: _____ Date _____

THE OWNER IS REQUIRED BY THE ASSOCIATION TO COMPLETE THE LEASE APPLICATION ALONG WITH THE LEASE APPLICATION FEE (NON-REFUNDABLE) AND RETURN TO VESTA PROPERTY SERVICES, 27180 BAY LANDING DRIVE, SUITE 4, BONITA SPRINGS, FL 34135. ALL LEASE APPLICATIONS MUST BE SUBMITTED AT LEAST TWENTY (20) DAYS PRIOR TO THE FIRST DAY OF OCCUPANCY. NO UNIT MAY BE LEASED MORE OFTEN THAN (3) TIMES IN ANY CALENDAR YEAR.

Name of Primary Applicant: _____

Please list all occupants over the age of 18 below:

- (2) _____ (3) _____
- (4) _____ (5) _____

Current Address _____

City _____ State _____ Zip _____

Contact Phone Numbers: _____

Email Address: _____

Tenants and/or Guests are not permitted to keep pets in a leased unit: (Please Initial) _____

Vehicle Make/Model: _____ YR _____ Color _____ License # _____

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PLEASE REGISTER YOUR VEHICLE(S) & BICYCLES WITH THE PROPERTY MANAGER UPON ARRIVAL.
UNAUTHORIZED VEHICLES MAY BE TOWED AT THE VEHICLE OWNERS EXPENSE & BICYCLES REMOVED.



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NOTE: Gate transmitters and fobs should be provided to the tenant by the homeowner. If the homeowner chooses not to provide the tenant with their fob, the tenant may purchase one from the Association with written consent from the owner. Access Cards - \$25, Fobs - \$30.

A copy of the lease agreement, checks or money orders in the amount of \$100.00 (application fee) made payable to the Association MUST be attached to this application and sent to the Association c/o Vesta Property Services, 27180 Bay Landing Drive, Suite 4, Bonita Springs, FL 34135. Phone: 239-947-4552 Fax: 239-495-1518. Approval will not be granted if the application is incomplete.

The information described above must be submitted at least twenty (20) days prior to the intended lease date.

I/We declare the foregoing information to be true and correct. I/We understand the application fee is non-refundable. I/We am/are aware of and agree to abide by the Declaration of Covenants, Conditions, and Restrictions of the Association and acknowledge that the Association may terminate a lease upon default by the tenant in observing any of the provisions in the documents. I/We acknowledge receipt of a copy of the Rules and Regulations. I/We understand the necessary confidential information will remain confidential by the Association's Officers and/or the Association's Designee.

AUTHORIZATION: I/We hereby authorize Vesta Property Services and/or Naples Square Condominium Association, Inc. to verify all information contained on the application.

Date _____ Applicant Signature: _____
Co-applicant Signature: _____

Applicants please do not write below this line

Application Approved By: _____ Date _____

Application Disapproved By: _____ Date _____

Application completed: Yes () No () Application Fees Submitted: Yes () No () Check# _____

Lease attached: Yes () No ()